

Commonwealth of Virginia  
Department of Professional and Occupational Regulation  
Post Office Box 29570  
Richmond, Virginia 23242-0570  
(804) 367-8595



**Board for Asbestos, Lead, and Home Inspectors  
HOME INSPECTOR ASSOCIATION MEMBERSHIP FORM**

**To be completed by the Home Inspector Association and returned with the application for a  
Virginia Home Inspector Certification.**

**MEMBER INFORMATION:**

1. Member's Name \_\_\_\_\_  
First Middle Last Generation (SR, JR, III)
2. Dates of Membership \_\_\_\_\_
3. Type of Membership \_\_\_\_\_

**NATIONAL OR STATE PROFESSIONAL HOME INSPECTORS ASSOCIATION:**

4. Association Name \_\_\_\_\_
5. Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_
6. E-mail Address \_\_\_\_\_
7. Telephone & Facsimile Numbers ( ) - ( ) -  
Telephone Facsimile

**REQUIREMENTS MET BY THE ABOVE-NAMED MEMBER IN ORDER TO RECEIVE MEMBERSHIP:**

8. *Educational Requirements*  
Secondary school/post-secondary school requirements \_\_\_\_\_  
Classroom Instruction  
Number of contact hours \_\_\_\_\_  
Content area of instruction \_\_\_\_\_
9. *Experience Requirements*  
Number of required home inspections for membership \_\_\_\_\_
10. *Examination Requirements*  
Name of examination \_\_\_\_\_  
Type of examination (written or electronic) \_\_\_\_\_  
Date examination was passed \_\_\_\_\_

**PREPARER'S SIGNATURE:**

11. Name of person preparing this form \_\_\_\_\_
12. Title of person preparing this form \_\_\_\_\_
13. Preparer's Signature \_\_\_\_\_ Date \_\_\_\_\_